Conducting Needs and Assets Assessments

This section includes the following EZ/EC Health Benchmarking Demonstration Project materials relevant to conducting needs and assets assessments.

Identifies general measures of community health and quality of life that may be used by EZ/ECs to: 1) determine types of data to be collected and analyzed (if available) as part of an EZ/EC health needs and assets assessment; and 2) promote discussion among EZ/EC leaders, residents, and health improvement groups about the types of health measures that are most meaningful for objective setting and regular monitoring.

Outlines the main points reviewed by project staff at the beginning of stakeholder interviews, which were conducted to learn EZ/EC community perceptions of health issues and to learn what would motivate participation in the EZ/EC health improvement process. Designed to precede discussion questions in the "Stakeholder Interview Guide" below.

Discussion guide for face-to-face stakeholder interviews with individuals and groups in the EZ/EC. Provides key words and phases rather than fully written questions, which allows the interviewer to tailor questions to the audience. May be offered as a handout to interviewees to prompt discussion of health issues that concern them.

Modified stakeholder interview guide for use with policy makers in the EZ/EC, such as mayors, city council leaders, and appointed officials.

Outlines health needs and assets assessment activities in a work plan format. May be used to select assessment tasks that the EZ/EC will undertake, identify primary persons responsible for the tasks, and due dates. Also includes tasks relevant to setting objectives and communicating progress.

Lists source materials used in the preparation of EZ/EC health needs and assets assessment reports. May be used by EZ/ECs to consider the potential utility and availability of similar information sources for their local assessments.

LIST OF POTENTIAL HEALTH MEASURES

BUSINESS HEALTH
Bankruptcy rate
Foreclosure rate
New businesses trend
Workmen's compensation claims

COMMUNITY MANAGEMENT
Interagency networks (Y/N)
Open city council meetings (Y/N)
Planning – economic development, social planning council (Y/N)
Policy environment (Favorable/ Not)
Readiness- fire escape plans, CPR training, retirement preparation (Y/N)
Representation in community groups (Y/N)
Responsiveness- emergencies (Y/N)
Volunteerism level
Voter turnout

DEMOGRAPHICS
Age distribution
Education levels
Income- median
Occupations
Population growth trends
Population stability
Poverty levels
Unemployment rates

GROWTH AND NUTRITION
Developmentally delayed children
Disability prevalence
Enrollment in entitlement programs
Elders who participate in fitness programs
Life expectancy
Self-reported health status
WIC

HEALTH BEHAVIORS
Alcohol use/ abuse prevalence
Exercise levels
Fruit and vegetable consumption
Overweight prevalence
Smoking prevalence
Substance abuse treatment need

HEALTH CARE RESOURCES
Insurance status prevalence
MA providers
Managed care penetration

HEALTH CARE UTILIZATION
Hospital use rate
Preventable hospitalizations rate

HEALTH OF MOTHERS AND CHILDREN
Contraceptive services and need
Low birth weight babies percent
Prematurity prevalence
Prenatal care percent
Teen parenting prevalence

MORBIDITY
Caries immune children
Communicable diseases rates
Vaccine preventable diseases/ deaths
Mental illness prevalence

MORTALITY
Infant mortality –neonatal, postneonatal
Major killers – CHD, cancer, stroke, homicide, suicide, motor vehicle injuries, unintentional injuries, diabetes, COPD
Overall and age-level

PHYSICAL ENVIRONMENT
Environmental conditions –air, water, recreational water sites quality
Environmental hazards
Epidemics
Household smoke detectors prevalence
Households on water and sewage treatment systems, septic systems
Household fuel efficiency
Household recycling
Industrial waste recycling
Lead paint housing vulnerability, soil
Local industries
Natural disasters
Nuisance Index – noise, dirt, odors
Wildlife diversity

LIST OF POTENTIAL HEALTH MEASURES

PREVENTIVE MEASURES

Blood pressure checks
Childhood immunization use
Cholesterol checks
Colon cancer screening prevalence
Diabetic eye and foot exams
Flu vaccine use among the elderly
Mammography prevalence
Pap prevalence
Recreation center use
Religious center use

SOCIAL SUPPORT MEASURES

Bike path mileage
Child abuse investigations
Domestic violence services
Family and friend support networks
Law enforcement
Neighborhood Watch Programs
Self help group participation
Suicide prevention services
Transportation services

INTRODUCTORY REMARKS: STAKEHOLDER INTERVIEWS

**(Information for the project interviewer to cover with participants
before beginning stakeholder interviews.)**

➢ **Introduction by name and organization**.

➢ **Background of EZ/EC Health Benchmarking Project**
- DHHS effort to assure that growth and revitalization of EZ/ECs include strategies for improving and measuring health
- Economic growth byproduct of healthy community
- Three demonstration sites (Enterprise Communities) – name other two
- Goal of project is health benchmarks that reflect community needs and appropriate public health standards
- PHF selected for TA role - to assist sites with assessing needs and assets of the community and establishing benchmarks
- PHF will document processes to assist communities – apply lessons learned to other EZ/ECs

➢ **Benchmarking has five components**
- Engaging community partners
- Assessing community health needs and assets
- Setting priorities
- Establishing benchmarks
- Communicating conclusions

➢ **Interviews today**
- Part of engaging community partners
- You have been identified as one of many stakeholders
- Should take approx. 45 minutes
- Objectives of these interviews:
  - ✓   Get input on what community thinks are important issues – ideas for change
  - ✓   Help us define community needs and resources – shape parameters of our effort
  - ✓   Ascertain what will drive your continued participation in the process

➢ **Next step: Will be summarized for the first Advisory Group meeting**.

➢ **Give the stakeholder an interview guide**.

HEALTH NEEDS OF THE ENTERPRISE COMMUNITY

- What are the priority health needs of the EZ/EC?
- What should the needs assessment address?
- Recent and projected changes?
- Problem areas? Barriers to provision of services?
- Contributors to problems?
- Special populations (AIDS, uninsured, Medicaid, prenatal care, …)

HEALTH RESOURCES OF THE ENTERPRISE COMMUNITY

- Adequacy/sufficiency of current resources?
- Is there coordination of current resources?
- Recent changes in access to health resources? Projected changes?
- Recent changes in utilization of health resources? Projected changes?

PROJECTED NEEDS AND RESOURCES

- What will the county look like in 5 years?
- What changes are necessary?
- What changes are likely?

PUBLIC/PRIVATE RELATIONSHIP

- Duplication of services?
- Gaps in services?
- Other than health department, who meets public health needs?

ROLE OF STATE AND CITY GOVERNMENT

- Assessment of needs?
- Provision of services? Assurance that services are provided?
- Integration of eligibility for all programs?

ENVIRONMENTAL ISSUES

- Major concerns?
- EZ/EC role/ health department role? State role?
- Adequacy of environmental protection?

KEY PLAYERS

- Who influences the delivery of public health services?
- Who influences health department programs and policies?

ECONOMIC ISSUES

- How is health linked with economic prosperity in the EZ/EC?
- Are any of the economic efforts of the EZ/EC tied to health? Can they be?
- What is the major economic development issue?
- What is the main health issue affecting economic success?

WISH LIST

POLICY MAKER INTERVIEW GUIDE

HEALTH NEEDS OF THE ENTERPRISE COMMUNITY
- What are they?
- Recent and projected changes?
- Problem areas? Barriers to provision of services?
- Contributors to problems?
- Special populations (AIDS, uninsured, Medicaid, prenatal care, …)

HEALTH RESOURCES OF THE ENTERPRISE COMMUNITY
- Adequacy/sufficiency of current resources?
- Recent changes in access? Projected changes?
- Recent changes in utilization? Projected changes?

LOCAL HEALTH DEPARTMENT
- Image of the health department?
- Effectiveness of the health department?
- Most important health department programs/roles?

PROJECTED NEEDS AND RESOURCES
- What will the county look like in 5 years?
- What changes are necessary?
- What changes are likely?

PUBLIC/PRIVATE RELATIONSHIP
- Duplication of services?
- Gaps in services?
- Other than health department, who meets public health needs?

ROLE OF CITY GOVERNMENT
- Assessment of needs?
- Provision of services? Assurance that services are provided?
- Integration of eligibility for all programs?

ENVIRONMENTAL ISSUES
- Major concerns?
- EZ/EC role/ health department role? State role?
- Adequacy of environmental protection?

KEY PLAYERS
- Who influences the delivery of public health services?
- Who influences health department programs and policies?

ECONOMIC ISSUES
- How is health linked with economic prosperity in the EZ/EC?
- What is the major economic development issue?
- What is the main health issue affecting economic success?

WISH LIST

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Wilmington Enterprise Community

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Advisory group recruitment Develop list of prospective Advisory Group members. Finalize list with EC Director. Determine the Advisory Group Chair. ***Advisory group appointment*** Send letter of invitation to prospective Advisory Group members. Create Advisory Group membership list. ***Advisory group has a mission*** Write a mission statement for Advisory Group; incorporate the EC mission statement. Share with Advisory Group. ***Advisory group is informed*** Assemble material for first Advisory Group meeting- draft mission statement, written plan, and summary of findings. **Advisory group has a written plan** Write plan for needs assessment. **Advisory group has an administrative structure for accomplishing work** Develop a structure within which the Advisory Group will work. Write up structure. ***Advisory group staffing identified*** Develop resource people available to the Health Benchmarking Project activities. ***Resources for assessment activities identified*** Delaware Division of Public Health is assembling data; EC has allocated staff time; administrative support from ???		

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Wilmington Enterprise Community

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Provide PHF with HUD software for exploration of utility in the Benchmarking Project. Provide a map of the EC Boundaries. ***Expertise identified*** *Locate and authorize access to statisticians, data manipulators, surveyors, policy writers, program personnel, etc.* ***Advisory Group Meets*** *Regional Health Director is invited to first Advisory Group meeting.* *Advisory Group meets for first time.* *Advisory Group meets for second time.* *Advisory Group meets for third time.*		
Identifying Community Health Needs and Assets		
Ascertain key player perspectives (List of specific health issues and contributing factors) Develop list of key players and stakeholders. Invite key players and stakeholders to participate in interviews *Develop Interview Guide. Interviews with key players, Advisory Group, Delaware DH representatives.* *Develop a list of potential interviewees* *Conduct phone interviews where in-person interviews not possible. Develop a list of health issues from the interviews.* Interview key players and stakeholders. Summarize issues—policy, health issues, key players, prior assessments.		

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Collect previous assessments and reports of health *Assemble previous needs assessments, data reports, assets assessments. Provide EC with health profile gleaned from sources outside Delaware. Obtain assessments identified during the interviews of stakeholders.* ***Inventory of data sources*** *List of available data and sources. Obtain community data source information.* *Assemble list from interviews.* List measures desired from each data source *Develop a request for data items from needs identified.* Assemble a list of data desired from the interviews of key players. ***Gaps in available data identified*** *Develop a list of health issues and the data needed.* ***Access to needed data*** *Submit requests for existing or new analysis of data.* ***Data collection to fill gaps*** *Identify data needed. Consult with EC.* *Assist in data collection instrument design.* *Conduct data collection.* ***Health status assessment*** *Assemble data about health issues.*		

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Identify findings, gaps, trends, effects in special populations. ***Synthesis of data around issue areas- target population, disease, outcomes*** *Synthesize findings.* ***Assets inventoried*** *List assets, map, strategize.* ***Examine the policy environment*** *Incorporate policy makers and policy questions into structured interview.* **Written conclusions including areas which need attention** *Needs and Assets |Assessment Report.*		
Determining Priorities		
Criteria for priority setting (feasibility, importance, etc.) **List of recommendations based on need conclusions** **Ascertainment of intervention partners and assets mapping** **Assessment of intervention partner involvement** **Specification of intervention points and expected outcomes**		

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Prioritize recommendations		
Setting Benchmarks		
Determine who will select benchmark(s)		
Review of possible measures		
Select measure(s)		
Compare status quo with ideal, "best," average, or neighbors		
Identify data source(s)		
Generate calculations of various implementation scenarios		
Select benchmark for community		
Communicating Conclusions		
Communication plan for dissemination of conclusions		
Written assessment report		

EXAMPLE — HEALTH NEEDS AND ASSETS ASSESSMENT CHECKLIST (WILMINGTON, DE)

Needs and Assets Assessment Activity	Primary Person	Date Due/Done
Engaging Community Partners for EZ/EC Assessment		
Short report of conclusions		
Presentation to community, intervention partners, policy makers		
Create opportunities to be part of the health improvement process		

EXAMPLE — COMMUNITY BIBLIOGRAPHIES
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